PHASE 4 Weekly Reporting



Name:		Court Date:		
Impoi	rtant Appointments			
	Probation Office Appointment:	(bring check stub to appointment)	
	Mental Health Appointment:			
	Other Appointment:			
Comm	nunity Meetings/Classes (includes I	Educational/Vocational Enh	ancement, Therapy and Self Help Me	etings)
	Counselor:	Day/Time:	Location:	
	Reflection:			
	Meeting Name/Type:			
	Counselor:	Day/Time:	Location:	
	Reflection:			
	Meeting Name/Type:			
	Counselor:	Day/Time:	Location:	
	Reflection:			
	Meeting Name/Type:			
	Counselor:	Day/Time:	Location:	
	Reflection:			
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How d	lifficult was it or you to maintain y	our sobriety this week? (cir	cle one)	
	Not Difficult	A Little Difficult	Very Difficult	
Explai	in:			
What	did you do for self-care this week?			
Where	e are you living?			
Did yo	ou stay within your budget this wee	k?		
The bi	iggest change that I see in myself is	•		